

City of Cambridge Department of Human Service Programs Cambridge Youth Programs

Summer Program Scholarship Application

Sports Leadership Progra Area IV (617) 349-6262, I Discovery Program @ Ru (617) 349-6314	Moore (617-349- 62	273) (617) 349	hool Summer Progra	@ Frisoli nm (Rising 6 ^{th-} 8 th grad	es) @ Gately	
Child's Information:						
Last Name	First Name			ate of Birth	Age	
Household Information:		II	a alaa aababb			
Please provide the followin Names and ages of all household members	Relationship to Child	Monthly earnings from work (before deductions)	your nousehold Monthly welfare, child support, Alimony	Monthly payments from Social Security, Pensions, Retirement	Monthly earnings from other sources	
Is this child a FOSTER CHILI	D?	o If YES, what is t	he child's month	ly personal use in	come? \$	
Are you receiving FOOD ST If YES, please provide Case			=	=	Food Stamps	
Is your child eligible for FR	EE or REDUCED	lunch?	□No			
Tuition for CYP summer pr	ograms is \$80/v	vk. How much a	re you prepared	to contribute wee	ekly? \$	
I certify that the above info	rmation is true o	and correct, and t	hat all household	l income is reporte	ed.	
Parent/Guardian Signature			 Da	Date		
 Please provide docur Two paystubs dated v TANF or Food Stamp v Free/Reduced lunch v Foster Child verification 	within the last 30 overification verification		. Applications wil	I not be accepted w	rithout it.	
	DEADLINE	E for SCHOLARSH		S		
		May 17, 20 For Office Use				
Total Monthly Income	Household S		Date Received	Amount G	ranted \$	